



PERMIT APPLICATION - INTERNAL COMBUSTION ENGINES AND TURBINES
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF AIR QUALITY
SFN 8891 (11-08)

GENERAL

Name of Firm or Organization		Facility Location	
Facility Name		Source Identification Number (From Form AP 100)	
Person Submitting Report	Title	Telephone Number	Application Date
TYPE OF UNIT <input type="checkbox"/> Large Stationary Diesel and Dual Fuel Engines		<input type="checkbox"/> Stationary Gas Turbine for Electricity Generation Compressor Engines and Turbines <input type="checkbox"/> Gasoline and Diesel Industrial Engines <input type="checkbox"/> Heavy Duty Nat. Gas-Fired Pipeline	

MANUFACTURER'S DATA

Make <input type="checkbox"/> 4 Stoke <input type="checkbox"/> 2 Stroke	Model <input type="checkbox"/> Rich Burn <input type="checkbox"/> Lean Burn	Maximum Rating BHP @	Operating Capacity BHP @	Date of Manufacture
		<input type="checkbox"/> Spark Ignition	<input type="checkbox"/> Compression Ignition	<input type="checkbox"/> Dry Low Engines (DLE Turbine)

FUELS USED

Natural Gas x 10 ³ cu. ft./year	Percent Sulfur	Percent H ₂ S
Oil gal./year	Percent Sulfur	Grade No.
LP Gas gal./year	Other (Specify)	

COMPRESSOR STATION & FLARE DATA (if applicable)

Frequency of Flaring	Quantity Flared cu. ft./hour	Percent H ₂ S
Will Flaring of Gas Comply with Applicable Ambient Air Quality Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For natural gas pipeline transmission and/or distribution, indicate volume of natural gas compressed. Cu.ft./hour		

NORMAL OPERATING SCHEDULE

Hours Per Day	Days Per Week	Weeks Per Year	Hours Per Year	Peak Production Season (if any)
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EMISSIONS TO THE ATMOSPHERE

EMISSION POINT	STACK HEIGHT ABOVE GROUND LEVEL (FEET)	STACK DIAMETER (FEET AT TOP)	GAS DISCHARGED (SCFM)	EXIT TEMP (°F)	GAS VELOCITY (FPS)
(ENGINE)					
(FLARE)					

EMISSION CONTROL EQUIPMENT

Is there any emission control equipment on this unit? <input type="checkbox"/> YES <input type="checkbox"/> NO	Where a gas cleaning device exists, a GAS CLEANING EQUIPMENT Form SFN 8532 must be completed and attached.
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AIR CONTAMINANTS EMITTED

EMISSION POINT	POLLUTANT	AMOUNT (POUNDS PER HOUR)	AMOUNT (TONS PER YEAR)	BASIS OF ESTIMATE*
	NO _x			
	CO			
	PM			
	PM ₁₀			
(ENGINE)	SO ₂			
(FLARE)	SO ₂			
	Formaldehyde			
	Total HAPS**			

* If performance test results are available for the unit, submit a copy of test with this application.

** Total HAPS includes formaldehyde

IS THIS UNIT IN COMPLIANCE WITH ALL APPLICABLE AIR POLLUTION RULES AND REGULATIONS?
☐ YES ☐ NO

If “NO” a Compliance Schedule must be completed and attached.

Signature of Applicant X	Date
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INSTRUCTIONS

Attach any extra pages you may need to explain answers or questions, or to provide complete listings of Emissions, Contaminants, or other items.

Submit your application and all documents to:

ND Department of Health
Division of Air Quality
918 E Divide, 2nd Floor
Bismarck, ND 58501-1947

(701)328-5188